

Appendix E. Summary of ACA Provisions in Effect

Consumer Protections	
Annual Limits	Insurance companies' use of annual dollar limits on the amount of insurance coverage a patient may receive will be restricted for new plans in the individual market and all group plans. In 2014, the use of annual dollar limits on essential benefits will be banned for new plans in the individual market and all group plans. <i>Effective for health plan years beginning on or after September 23, 2010.</i>
Appealing Insurance Company Decisions	Establishes an external review process for the purposes of providing consumers a method to appeal coverage determinations of claims to their insurance company. <i>Effective for new plans beginning on or after September 23, 2010.</i>
Lifetime Limits	Insurance companies will be prohibited from imposing lifetime dollar limits on essential benefits. <i>Effective for health plan years beginning on or after September 23, 2010.</i>
Online Availability of Information	Creation of www.healthcare.gov where consumers can compare health insurance coverage options and select coverage that suits their needs. <i>Effective July 1, 2010.</i>
Pre-existing Condition	Establishes new rules to prevent insurance companies from denying coverage to children under the age of 19 due to a pre-existing condition. <i>Effective for health plan years beginning on or after September 23, 2010 (both new and existing group plans)</i>
Rescinding Coverage	Establishes rules prohibiting insurance companies from rescinding or dropping policies for individuals when they become ill. <i>Effective for health plan years beginning on or after September 23, 2010.</i>
Improving Quality and Lowering Costs	
Coordination of Care for Dual Eligibles	Establishes the Federal Coordinated Health Care Office to improve care coordination for dual eligibles.
Free Preventive Care	All new plans must cover certain preventive services such as mammograms and colonoscopies without charging a deductible, co-pay or coinsurance. <i>Effective for health plans beginning on or after September 23, 2010.</i>
Health Care Fraud	Investment of new resources and requirements for new screening procedures for health care providers to reduce fraud and waste in Medicare, Medicaid, and CHIP.
MACPAC	Establishes an increased role and funding for the Medicaid and CHIP Payment Advisory Commission (MACPAC).
Medicaid Drug Rebate	Establishes an increase in the rebates for brand name drugs to 23.1 percent (with certain exceptions) and 13.1 percent for generics.
Medicare Donut Hole	Seniors will receive a \$250 rebate. Checks mailed throughout 2010. <i>"Donut hole" coverage gap will be ultimately closed in subsequent years.</i>
National Provider Identifier	Establishes requirement for providers of medical or other items or services to include their National Provider Identifier (NPI) on all applications to enroll and on all claims for payment.
Prevention and Public Health Fund	Establishes new \$15 billion prevention and public health fund to invest in proven prevention and public health programs. <i>Funding began 2010.</i>
Small Business Health Insurance Tax Credit	First phase provides a credit worth up to 35 percent of the employer's contribution to the employees' health insurance. Small non-profit organizations may receive up to a 25 percent credit.
Medicare Provider Rates	Establishes a reduction in the annual market basket updates for inpatient and outpatient hospital services, long term care hospitals, inpatient rehabilitation facilities, and psychiatric hospitals.

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Increasing Access to Affordable Care	
Choice of Provider Provisions	Establishes rule where children may select a pediatrician in-network. Also, women have direct access to OB/GYNs.
Community Health Centers	Provides new funding to support the construction of and expand services at community health centers. <i>Effective in 2010.</i>
Coverage for Children up to Age 26	Young adults will be allowed to stay on their parents' plan until they turn 26 years old (in the case of existing group health plans, this right does not apply if the young adults is offered insurance at work).
Early Retiree Reinsurance Program	Establishes \$5 billion program to provide financial assistance for employment-based plans to continue to provide coverage to people who retire between the ages of 55 and 65, as well as their spouses and dependents. <i>Applications for employers to participate in the program available June 1, 2010.</i>
Emergency Care Services	Establishes new rules for emergency care services. Emergency care (1) may not require pre-authorization, (2) must be provided even if provider is out-of-network, (3) must contain same administrative requirements or limitations for both in/out-of-network, and (4) copayment and coinsurance amounts for out-of-network cannot exceed in-network amounts. Out-of-network emergency care services can have deductibles and coinsurance generally applied to other out-of-network services.
Health Care Workforce Commission	Establishes the National Health Care Workforce Commission to coordinate federal workforce activities and make recommendations on workforce goals and policy. Also establishes the National Center for Health Workforce Analysis to undertake state and regional workforce data collection and analysis. <i>Initial appointments to commission made by September 30, 2010.</i>
Medicaid Coverage	State option to expand Medicaid to childless adults with incomes up to 133% FPL prior to 2014. <i>Effective April 1, 2010.</i>
New requirements for Nonprofit Hospitals	Additional requirements for nonprofit hospitals to conduct community health needs assessments and develop a financial assistance policy.
Pre-existing Condition Insurance Plan (High Risk Pool)	Establishes a new coverage option to individuals who have been uninsured for at least 6 months because of a pre-existing condition. States have the option of running this program in their state, or allow HHS to establish the plan. <i>National program effective July 1, 2010.</i>
Justification of Premium Increases	Establishes \$250 million in new grants for states that have, or plan to implement, measures that require insurance companies to justify their premium increases. <i>Grant awards began in 2010.</i>
Primary Care Workforce	Additional funding for scholarships and loan repayments for primary care doctors and nurses working in underserved areas. <i>Effective 2010.</i>
Rural Health Care Providers	Establishes an increase in payment to rural health care providers. <i>Effective in 2010.</i>

Sources:

- Copeland, C. (December 10, 2010). *Initial Final Rules Implementing the Patient Protection and Affordable Care Act*. Congressional Research Service. Washington, D.C.: Retrieved December 13, 2010.
- Maryland Insurance Administration (September 2010). *Health Benefits Changes: September 23, 2010*. Retrieved December 7, 2010 from <http://www.mdinsurance.state.md.us/sa/documents/HealthBenefitChanges9-23-10final.pdf>
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